



State of California—The Resources Agency

DEPARTMENT OF FISH AND GAME

2003-2004 CHANGE OF ADDRESS/OWNERSHIP OR VESSEL LOSS FORM

IMPORTANT: Renewal forms for licenses and permits issued for your vessel will be sent to the owner at the address on record with the Department. Fish and Game Code, Section 7881 requires owners to immediately notify the Department if the vessel is lost, destroyed or sold. Fish and Game Code Section 7857(m) requires licensees to notify the Department of their old and new address within three months when they move or acquire a new address. To report changes of address, ownership, or loss of vessel, enter the correct information on this form and mail it to the Department's License and Revenue Branch, 3211 S Street, Sacramento, CA 95816 or Fax (916) 227-1303.

CHECK ONE:

☐ CHANGE OF OWNERSHIP

☐ ADDRESS CHANGE

☐ VESSEL LOSS

	F&G BOAT #		
CHANGE OF VESSEL OWNERSHIP A copy of either the U.S. Coast Guard documentation papers or vessel registration issued by your state Department of Motor Vehicles must be attached to verify new vessel ownership.	PREVIOUS OWNER'S FIRST NAME	M.I.	LAST NAME
	DATE OF SALE		
	NEW OWNER'S SOCIAL SECURITY NUMBER	DRIVER'S LICENSE OR DMV I.D. NUMBER AND STATE (<i>Voluntary</i>)	
	_ _ _ - _ _ - _ _ _ _		
	NEW OWNER'S FIRST NAME	M.I.	LAST NAME
	BUSINESS NAME (<i>If any</i>)		
	MAILING ADDRESS		
	CITY	STATE	ZIP CODE
	STREET ADDRESS		
	CITY	STATE	ZIP CODE
	DAY TELEPHONE (Voluntary) ()		
	NEW BOAT NAME		HOME PORT
	IF MORE THAN ONE NEW OWNER		
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE OR DMV I.D. NUMBER AND STATE (<i>Voluntary</i>)		
_ _ _ - _ _ - _ _ _ _			
FIRST NAME	M.I.	LAST NAME	
CHANGE OF ADDRESS	CURRENT OWNER'S FIRST NAME	M.I.	LAST NAME
	PREVIOUS ADDRESS		
	CITY	STATE	ZIP CODE
	NEW MAILING ADDRESS		
	CITY	STATE	ZIP CODE
	NEW STREET ADDRESS		
	CITY	STATE	ZIP CODE
	DAY TELEPHONE (Voluntary) ()		
REPORT OF VESSEL LOSS OR DESTRUCTION	CHECK ONE: <input type="checkbox"/> LOST <input type="checkbox"/> DESTROYED		
	DATE OF INCIDENT	DATE OF REPORT	
	INCIDENT HAS BEEN REPORTED TO THE FOLLOWING ENFORCEMENT AGENCY OR FIRE DEPARTMENT		
I hereby certify under penalty of perjury that the above is true and correct.			
SIGNATURE		DATE	
X			